

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address		Douglas Aircraft 190th & Normandie Torrance, CA 90502		CIAID1081651100005		A. State Manifest Document Number 86234295		B. State Generator's ID HA-HQ-36-005698	
4. Generator's Phone (533-6677)		6. US EPA ID Number C A D 0 5 0 8 0 6 8 5		C. State Transporter's ID 708726		D. Transporter's Phone 213 585-5083		E. State Transporter's ID	
5. Transporter 1 Company Name Oil Process Co.		8. US EPA ID Number		F. Transporter's Phone		G. State Facility's ID C A D 0 2 0 7 4 8 1 2 5		H. Facility's Phone 905 937 8440	
7. Transporter 2 Company Name		10. US EPA ID Number		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity	
9. Designated Facility Name and Site Address CASMALIA P.O. Box E NTU Road Casmalia, CA 93429		C A D 0 2 0 7 4 8 1 2 5		a. Hazardous Waste Solid NOS ORM-E UN9189		001 TT		Y	
				b.		KM		D001	
				c.					
				d.					
J. Additional Descriptions for Materials Listed Above Waste rags with evaporated solvent. Rags contaminated with dried paints.				K. Handling Codes for Wastes Listed Above 03					
15. Special Handling Instructions and Additional Information Guide #31 Use gloves, goggles, respirator - Do not go near open flame or inhale fumes.									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.									
Printed/Typed Name Donald C. Gerber				Signature sb		Month Day Year 01/11/80			
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name Steve Erickson		Signature Steve Erickson		Month Day Year 01/11/80	
18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space # 85340-522016, SCANNED									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name Casmalia Resources				Signature Alvin Brown		Month Day Year 11/16/87			

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7. Transporter 2 Company Name		10. US EPA ID Number		D. Transporter's Phone 213 585-5083	
9. Designated Facility Name and Site Address CASMALIA P.O. Box E NTU Road Casmalia, CA 93429		12. Containers		E. State Transporter's ID	
		13. Total Quantity		F. Transporter's Phone	
		14. Unit Wt/Vol		G. State Facility's ID	
		15. Waste No.		H. Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		No.		Type	
a. Hazardous Waste Solid NOS ORM-E UN9189		001		FT	
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
Waste rags with evaporated solvent. Rags contaminated with dried paints.					
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Printed/Typed Name		Signature		Month Day Year	
Donald C. Gerber		sb		10/11/1982	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
Printed/Typed Name		Signature		Month Day Year	
STEVE ERICHSON		Steve Erichson		10/11/1982	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
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